Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL064004 12/11/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2500 HUNTER HILL ROAD BREKENRIDGE RETIREMENT CENTER ROCKY MOUNT, NC 27804 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) C 000 Initial Comments C 000 This is a Report of a Biennial Construction Survey conducted by Greg Cates on December 11, 2015. Based on information gathered from our files, the Facility was first licensed on March 22, 1995 for FEB 1 0 2016 Sixty-Four (64) residents. Based on this information, we are requiring the facility to meet the 1994 Rules for the Licensing of Domiciliary Homes and the 1991 North Carolina State Building Code, Section 419- Institutional Occupancy; and the applicable portions of the 2005 Rules for Adult care Home of Seven or More Beds. C 116 Plans Submittals and Approvals C 116 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents. (b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained. (c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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E continuation sheet 4 of 7

STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 WING HAL064004 12/11/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2500 HUNTER HILL ROAD BREKENRIDGE RETIREMENT CENTER ROCKY MOUNT, NC 27804 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION). TAG TAG DEFICIENCY) C 116 C 116 Continued From page 1 by the applicant or appointed representative and reviewed by the Division. (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder. (f) The applicant or designated agent shall notify (116-1a.) the Division when actual construction or remodeling starts and at points when construction Edwards Electronic Systems has proposed to install a latching is 50 percent, 75 percent and 90 percent complete and upon final completion. This Rule is not met as evidenced by: emergency exit button under a clear cover that Based on observations and review of records, the facility failed to submit plans for modifications to the magnetic locking system installed on the will alarm if opened. Ouso exits. This affects all occupants in the facility by possibly restricting people from exiting the install another emergency building in the event of an emergency. exit button (not under Findings include: cover) at the Nurses There are no records of plan submittals for the station that will release installation or modification to the magnetic locking system installed on the exits and the system does all 7 doors if activated. not meet the NC State Building Code This project will require the following: T Clear cover w/ Horn. requirements for 'Delayed Egress' or 'Special Locking Arrangements.' The following deficiencies were observed. a- There are no emergency override switches located within 3 feet of the EXIT doors. P Push Button Emergency Door Release Button. b- The wander-guard system improperly takes

Division of Health Service Regulation

PRINTED: 02/02/2016 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 HAL064004 12/11/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2500 HUNTER HILL ROAD BREKENRIDGE RETIREMENT CENTER ROCKY MOUNT, NC 27804 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Backboxes, Wire, Hardware and Connectors. C 116 C 116 | Continued From page 2 precedence and re-locks the doors when the fire alarm system has been activated and is in alarm. * Curtis Jones w/ Edwards C 164 Housekeeping and Furnishings-Clean, Repaired C 164 Electronics will make contact with the SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND Division of Health Service FURNISHINGS Regulation / Construction (a) Adult care homes shall: Division for approval of have walls, ceilings, and floors or floor coverings kept clean and in good repair; the project, 'Mr. Jones (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; will make contact and (e) This Rule shall apply to new and existing submit all necessary facilities. documents to the This Rule is not met as evidenced by: Construction Division by Based on observations, the facility has failed to March 1, 2016. maintain the building and furnishings in good repair and clean. * Please see attached proposal from Edwards Findings include: Electronies - dated 12-18-15. a- There is a pattern of the vinyl wall (116-16) When Fire Alarm is activated covering peeling in several locations in the Common Bathrooms, including but not limited to Bathrooms 163 and 107. the Wander Guard System releases all doors. This system C 166 C 166 Housekeeping-Maintained Free of Hazards was not working on Dec. 11,2015 SECTION .0300 - PHYSICAL PLANT when surveyor tested the system. 10A NCAC 13F .0306 HOUSEKEEPING AND This was corrected on the same FURNISHINGS day when Baltimere Firefound (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and the disconnected wire that had

facilities. Division of Health Service Regulation STATE FORM

hazards:

orderly manner, free of all obstructions and

(e) This Rule shall apply to new and existing

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on Dec. 11,2015 and all worked putet. Gregory Cates, Surveyor was confacted and made amount that system was back functioning properly.

been disconnected in extrar.

System was rested by Edinards

Electronics and Balkmore Fire

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL064004 12/11/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2500 HUNTER HILL ROAD BREKENRIDGE RETIREMENT CENTER ROCKY MOUNT, NC 27804 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION. (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) (164-1a) Wall paper removed SouthHall C 166 C 166 Continued From page 3 Consolete from the Common Bathyrooms. This Rule is not met as evidenced by: Walls were painted. 1- Based on observations, the facility has failed to West Hall maintain the building free of hazards by not Paul Davis and Son's Paint completed a maintaining the grab bars securely to the wall. Company completed this This could result in the occupant of the room 2-3-16 falling due to the grab bar not being able to puoject. support a person's full weight. (166-10) Grab bar in Suite Findings include: 120 repaired by Maintenance, Phil Griffing. a- The grab bar in the Handicap Suite 120 is loose at the toilet. C 189 Building Equipment Maintained Safe, Operating C 189 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: (189-10) Floor draised raised two inches OFF Floor by maintenance, Phil Gniffin. 1- Based on observations, the facility has failed to maintain an air gap at the ice machines to prevent bacteria from migrating back into the machine. Findings include: a- The condensate pipe for the ice machine in the Main Kitchen is resting on top of the floor drain.

Division of Health Service Regulation

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: 01 · B. WING HAL064004 12/11/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2500 HUNTER HILL ROAD BREKENRIDGE RETIREMENT CENTER ROCKY MOUNT, NC 27804 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) C 189 189-20) New receptacle Completed installed by maintenance, 12-16-15 Phil Gniffin. Continued From page 4 Based on observations, the facility has failed to maintain the building electrical system safe and operating. This deficiency may affect those persons using the receptacles by allowing the possibility of electrical shock. Findings include: a- The GFCI receptacle in Room 107 did not trip when tested. 3- Based on observations, the facility has failed to ensure that the building is safe by not maintaining (189-3 a) Gap around pipes in Room 115 sealed by Completed maintenance, Phil Gniffin. 12-16-15. the fire resistance of building components. This deficiency directly affect all residents, personnel, and visitors by allowing the possible spread of smoke beyond the compartment of origin. Findings include: 189-36.) Flange reattached. to ceiling and sealed by completed maintenance, Phil Gniffin. 12-16-15 a- There are gaps around the water pipes in Room 115 Mechanical Room b- The flange around the duct where it penetrates the ceiling has dropped, exposing the hole around the duct. (189-3c,d) New latch ès installed to doors in Rooms 154 and 183 by maintenance, Phil c- The corridor door to Room 154 does not latch. d- The corridor door to Room 183 does not latch. 4- Based on observations, the facility has failed to maintain the safety systems in operating condition. This could affect all occupants of the 189-4 a.) New LED Exit sign installed by maintenance, Co Phil Gniffin. building in the event of a power failure. Findings include: a- The EXIT sign at the Laundry does not

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL064004 12/11/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2500 HUNTER HILL ROAD BREKENRIDGE RETIREMENT CENTER ROCKY MOUNT, NC 27804 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION. (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued From page 6 C 199 of the building. Findings include: a- The Soiled Utility Room at the Laundry is not equipped with mechanical exhaust fan. 199-2a,b,c) Newfan motors installed in Room 2- Based on observations and testing, the facility has failed to maintain the mechanical exhaust systems in working condition. This may affect all 122, 168 and 173 by Maintenance, Phil Gniffin. persons in the building as it prevents the exhausting of odors and possible bacteria or germs that may cause illness. Findings include: a- The exhaust fan in Room 122 is not exhausting air. b- The exhaust fan in Room 168 is not exhausting air. c- The exhaust fan in Room 173 is not exhausting air.



Edwards Electronic Systems, Inc.

788A Central Drive, Concord, NC 28025 3821 Powhatan Rd. Clayton, NC 27527 P.O. Box 39 Clayton, NC 27528 Phone (704) 721-3280 Phone (919) 359-2239 Mobile (919) 624-4519

12/18/2015

Brekenridge

Attn: Pam Evans

Edwards Electronic Systems (EES) respectfully submits this quotation for making upgrades to the patient wandering system as requested by the State Inspector. At the seven RoamAlert doors EES will install a latching emergency exit button under a clear cover that will alarm if opened. Also we will install another emergency exit button (not under cover) at the nurses station that will release all 7 doors if activated

Total Cost: \$ 2860.00.

(Price includes Taxes, Shipping and Labor)

QTY.	EQUIPMENT DESCRIPTION	N	
7	Clear Cover with Horn		
8	Push Button Emergency Door Release Button		
1	Backboxes, Wire, Hardware and Connectors		

Notes

TERMS AND CONDITIONS	
Proposal is active for a period of 60 days.	Invoices will be due NET 30 days, subject to late payment fee.
	Jam Wand
EES Signature	Customer Signature
,	Administrator

Date

^{*}One year warranty on all equipment and labor supplied by EES